

Employment Application

HOPKINS COUNTY PUBLIC WORKS

P.O. Box 523, Madisonville, Kentucky 42431

An Equal Opportunity Employer

Applications are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, or non job-related medical conditions or disability.

All positions are subject to a Background and Driver's License check.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Cell Phone: (____) _____

Home Phone: (____) _____

E-mail Address: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

JOB INTERESTS/ SKILLS

Position(s) applied for _____ Salary Desired _____

Have you applied for a position here before? ____ Yes ____ No If yes, when? _____

Type of employment requested ____ Full Time ____ Part Time ____ Temporary ____ Summer

Date you could begin working _____

Summarize any other special skills or qualifications: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Verification of eligibility to work in the United States must be satisfied for an offer to be made. This application for employment shall be considered active for a period of time not to exceed 6 months. I understand and consent that if I am offered employment, I will submit to a pre-employment physical and drug screen and will participate in the Hopkins County Anti-Drug Program. I understand that neither this document; nor any verbal promises made by this employer or representative employee may be constituted as an employment contract. I understand and acknowledge that, unless otherwise defined law, policies and procedures, or rules and regulations, any employment relationship with this organization is of an "at will" nature, which means that either the employee or employer may terminate the employment relationship at any time, with or without cause or advance notice.

Applicant's

Signature: _____ Date: _____